

# CCMU Employer Case Study

## Employer Background

- **13,500** members
- Average employee age of **47**
  - An average age above 45 correlates to a greater prevalence of chronic conditions
- Top diagnosis categories included **musculoskeletal**, **cancer** and **circulatory**
- CCMU implemented 1/1/2011; previously had traditional case and disease management programs

## Pre-CCMU Financial and Clinical Overview

PMPM plan spend was **3%** above benchmarks

**39%** of identified individuals were engaged in acute case management, condition management or at-risk lifestyle management

**Diabetes**, **hypertension** and **hyperlipidemia** were the top conditions that triggered gaps in care outreach

## Post-CCMU Financial and Clinical Overview

After implementing CCMU as part of a broader set of health management interventions, PMPM plan spend was as follows:

- **2011: 9% below** benchmark
- **2012: At benchmark**
- **2013: 6% below** benchmark
- **2014: 3% below** benchmark

Each year **56%-61%** of identified individuals have engaged with a CCMU nurse advocate

For 2011-2013, compared to baseline, there was over a

- **30% reduction** in **inpatient admissions**
- **14% reduction** in **ER visits** per 1,000

ROI savings ranging from **1.76:1 to 4.0:1** each year under the CCMU program

# CCMU Clinical Case Study

## Member Background/Condition

- 59 year old female
- Diagnosed with Multiple Sclerosis (MS) 7 years ago
- Identified for management through the predictive model
- Complaint of left sided weakness, frequent falls, depression, anxiety and incontinence, severely limited quality of life and activities of daily living. Has been unable to shower for several months and is unable to prepare her own meals.
- Member only sees a psychiatrist weekly; very reluctant to go to any other physicians

## Care Advocate Activity and Plan of Care

- Full assessment was completed with the CCMU nurse
- Over the course of several calls, the nurse developed a trusting relationship with the member. They discussed medications, depression and anxiety concerns, living arrangements and family support
- The CCMU nurse consulted with the internal behavioral health specialist, medical director, social worker and pharmacist to review and strategize around the member's current medications and treatment plan
- The member agreed to attend an MS clinic at one of the in network centers of excellence. Member consulted with a neurologist and a urologist. Her medications were revised. During the course of treatment at the clinic, the member consulted with physical therapy and occupational therapy.

## Results of CCMU Involvement

- In less than six months, the member's quality of life and activities of daily living have improved significantly
- The member continues to discuss her plan of care with her trusted nurse
- The member continues to attend physical and occupational therapy. She has a new brace and cuff cane and has not fallen in the past several weeks.
- The member is able to shower and prepare her own meals through the use of the tools and techniques that occupational therapy have provided
- The member continues to see her psychiatrist but her depression and anxiety have improved dramatically as she now is able to be more independent

## The CCMU Impact

- Refined CCMU outreach approach resulted in the successful engagement of a previously unmanaged member
- Member treated holistically, with both medical condition and home life taken into account
- No limits on length of interaction allowed for relationship and trust to be built, ultimately resulting in an impact on member care
- Specialist support was engaged to ensure an appropriate care plan was recommended
- Center of excellence resource was used
- Improvement in quality of life for the member
- Savings for the employer through improved employee productivity, use of COE and avoidance of care by minimizing falls and accidents